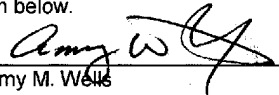



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Han et al.	Group No: 1775
Application No: 10/824,123	Examiner: Michael E. La Villa
Confirmation No: 6448	Attorney Docket No: 003330 P01 USA/ETCH/METAL/MDD
Filed: April 13, 2004	
Title: PROCESS CHAMBER COMPONENT HAVING ELECTROPLATED YTTRIUM-CONTAINING COATING	Friday, December 07, 2007 San Francisco, CA 94107

Commissioner for Patents VIA ELECTRONIC FILING	Extension of Time		
	<input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
Papers Enclosed	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$120.00	\$60.00
	<input type="checkbox"/> Two Months	\$460.00	\$230.00
	<input type="checkbox"/> Three Months	\$1,050.00	\$525.00
	Total \$ 0.00		
<input checked="" type="checkbox"/> Amendment in Response to Non-Final Office Action <input type="checkbox"/> Declaration <input type="checkbox"/> 0 Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-1449 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	31	31	0	\$50.00	\$25.00	\$0.00
Independent Claims	5	5	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims			0	\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fees	\$0.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
Fees for Extra Claims	\$0.00		
Total	\$0.00		
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$520.00.		Please direct telephone calls to: Ashok K. Janah at (415) 538-1555 Please continue to send correspondence to:	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, facsimile transmitted to the U.S. Patent and Trademark Office at (571) 273-8300, or electronically filed, on the date shown below.		Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, CA 94107	
By:  Date: <u>December 7, 2007</u> Amy M. Wells		Respectfully Submitted, By:  Date: <u>December 7, 2007</u> Ashok K. Janah Registration No. 37,487	